

In Case of Emergency Form	It is the responsibility of every employee to inform HR Department regarding any changes.
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I. GENERAL INFORMATION

Employee Name: Tupati chandra mouli	Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: 26/07/2004
Current Address: SLV mens hostel, naraknaguda, Hyderabad, 500032	City: Hyderabad State: TS	
Permanent Address: 1-7211, ONGC Road, Gollapalem, malikipuram mandal, AP - 533244	City: malikipuram State: AP	

Please provide your Family Details (Parents, Siblings, Spouse etc.)

Name: Tupati maha Lakshmi	Relationship: mother	
Phone: 7093861297	Address: 1-7211, Gollapalem, village, malikipuram mandal, 533244	
Name: Tupati maunika	Relationship: elder sister	
Phone: 8169466010	Address: 7211 Bank, Old Gajuwaka, vizag,	
Name: Tupati nageswara rao	Relationship: father	
Phone: 7729855961	Address: 1-7211, Gollapalem, malikipuram mandal, 533244.	
Name:	Relationship:	
Phone:	Address:	
Name:	Relationship:	
Phone:	Address:	
Name:	Relationship:	
Phone:	Address:	
Name:	Relationship:	
Phone:	Address:	
Name:	Relationship:	
Phone:	Address:	

Please provide the details of any of your friends		
Name: M. Krishna Chaitanya	Location: Gudurapalli, 533244	Profession:
Home Phone: 9062843010	Work Phone:	Cellular Phone:
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: T. Maulika	Relationship: Elder sister	
Home Phone: 8169466010	Work Phone:	Cellular Phone:
Name:	Relationship:	
Home Phone:	Work Phone:	Cellular Phone:
Preferred Hospital:		
Physician's Name	Specialist Name:	Dentist Name:
Phone:	Phone:	Phone:
List all medications that you are taking (prescription and over the counter). If necessary include the reason of medication:		
List allergies to medicine, food or other allergens, and any medical information such as physical impairments and assistive devices, that emergency personal need to be aware of, attach documentation is necessary:		
II. SIGNATURE AND CONSENT FOR EMERGENCY MEDICAL TREATMENT		
Employee Signature: T. chandra mouli		Date Signed: 02/06/2025